

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107526999

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15	1		1			
16		1		1		
17		2		1		
18		2		1		
19		2		1		
20			1			
21				1		
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2	↓	4	↓		↓
TOTAL DEP.	19	←	17	←		←
TOTAL CLAIMS	21		21			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

DC